Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patient Protection						
	C C00490375					
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y					
Full Name of Payee	Date of Public Distribution/Dissemination					
Minneapolis Labor Review	02 19 2016					
Mailing Address 312 Central Ave	Amount					
Suite 542	Amount					
City State Zip Code	2413.63					
Minneapolis MN 55414	Transaction ID : D710484 Date of Disbursement or Obligation					
Purpose of Expenditure Printing Category/ Type	02 09 7 2016					
Name of Federal Candidate Support Offic	ce Sought: House District: 00					
Bernie Sanders Oppose	President Senate State: MN					
Calendar Year-To-Date Per Election for Office Sought Dist. 2413.63	oursement For: Primary General Other (specify)					
Full Name of Payee	Date of Public Distribution/Dissemination					
California Nurses Association	02 23 2016					
Mailing Address 155 Grand Avenue						
	Amount					
City State Zip Code	50.00					
Oakland CA 94612	Transaction ID: D710467 Date of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/	M M / D D / Y Y Y Y					
Type	02 23 2016					
Name of Federal Candidate Support Office	ce Sought: House District: 00					
BERNARD SANDERS Oppose	President Senate State: SC					
Calendar Year-To-Date Per Election for Office Sought Dist 2127.47	oursement For:					
(a) SUBTOTAL of Itemized Independent Expenditures	2463.63					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
(c) 13 12 mosporatoric Exportanticos	7					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl	= M / D = D / Y = Y = Y					
Signature [Electronically Filed] Date	02 25 2016					

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
IN	ational Nurses United for Patient Protection	C C00490375
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	California Nurses Association	02 21 2016
	Mailing Address 155 Grand Avenue	Amount
ŀ	City State Zip Code	75.00
	Oakland CA 94612	Transaction ID : D710472 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad Category/ Type	02 / 23 / Y 2016
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Damaia Canadana	President Senate State: DC
	2010	ursement For: Primary General
	Per Election for Office Sought 23924.21 2016	Other (specify) ▶
	Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination
	Mailing Address 155 Grand Avenue	02 21 2016
		Amount
ı	City State Zip Code	100.00
	Oakland CA 94612	Transaction ID : D710474 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad Category/ Type	02 23 2016
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	175.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
((c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
١	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
)2 25 2016
	Signature	
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			FOR SE	OF FORM 24/48
NAME OF COMMITTEE (In Full)	for Dationt Drotostian		FEC IDENTIFICA	ATION NUMBER ▼
National Nurses United	for Patient Protection		C C0049037	5
Check if 24-hour report	48-hour report New rep	port Amends report	iled on M M / D D	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribution	on/Dissemination
California Nurses Ass	sociation		02 / 20	2016
Mailing Address 155 Grand Av	enue		Amount	
City	State	Zip Code		100.00
Oakland	CA	94612	Transaction ID : D7104 Date of Disbursement of	
Purpose of Expenditure Online Ad		Category/ Type	02 / 23	/ Y Y Y Y Y Y 2016
Name of Federal Candidate		Support (ffice Sought: House	District: 00
Bernie Sanders		Oppose	✓ President Senate	
Calendar Year-To-Date			isbursement For: X Prim	ary General
Per Election for Office Sol	agnt	23324.21	Other (specify) ▶ _	
Full Name of Payee California Nurses Asso	ociation		Date of Public Distribut	/ Y = Y = Y
Mailing Address 155 Grand	Avenue		02 19 Amount	2016
City	State	Zip Code		20.00
Oakland	CA	94612	Transaction ID: D71047 Date of Disbursement of	
Purpose of Expenditure Online Ad		Category/ Type	02 / 23	2016
Name of Federal Candidate		Support (office Sought: House	District:00
Bernie Sanders		Oppose	President Senate	State: DC
Calendar Year-To-Date Per Election for Office So	ught		isbursement For: Prim 016 Other (specify)	ary General
.,	ependent Expenditures		Other (openly)?	120.00
(b) SUBTOTAL of Unitemized In	ndependent Expenditures		•	
(c) TOTAL Independent Expend	litures			
	y that the independent expenditures stion of, any candidate or authorized try committee or its agent.			
Martha Kuhl	[Fleetron	nically Filed] Date		Y 1 Y 1 Y 2016
Signature	рысион	ncany Fuea Date	20 .	2010

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Fatient Frotection	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination
	02 19 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	200.00
Oakland CA 94612	Transaction ID : D710481 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category/ Type	02 / 23 / 2016
Name of Federal Candidate Support Off	fice Sought: House District: 00
Bernie Sanders Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Dis 200.00	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
UE Western Regional Council	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 37 South Ashland Ave	Amount
City State Zip Code	100.00
Chicago IL 60607	Transaction ID : D710483 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental Category/ Type	02 / 23 / 2016
Name of Federal Candidate Support Of	fice Sought: House District: 00
BERNARD SANDERS Oppose	President Senate State: IL
	sbursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	02 25 2016
Signature	

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	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATI	ON NUMBER ▼
IN	lational Nurses United for Patient Protection		С	C00490375	
Ch	neck if 24-hour report 48-hour report New report Amends report	rt filed on	W = M /		Y = Y = Y = Y
	Full Name of Payee	Date	of Public	c Distribution	/Dissemination
	Autumn Press		02 N	/ D D /	2016
	Mailing Address 945 Camelia St	Amo	unt		
	City State Zip Code				3052.32
	Berkeley CA 94710-1437			ID: D710478 ursement or (
	Purpose of Expenditure Printing Category/ Type		M M M 02	24	2016
	Name of Federal Candidate Support	Office Soug	ht:	House	District:00
	Bernie Sanders Oppose	X Presid		Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought 23924.21	Disburseme		Primary	General
	The state of the s		Other (sp	pecify) ►	
	Full Name of Payee Bus Bank		M = M	/ D D /	/Dissemination
	Mailing Address 820 West Jackson	L	02	25	2016
	Suite 815	Amo	unt		
	City State Zip Code		1 0		5784.47
	Chicago IL 60607			D : D710479 ursement or (Obligation
	Purpose of Expenditure Bus Tour Category/ Type] [02	24	2016
	Name of Federal Candidate Support	Office Soug	ht:	House	District: 00
	Bernie Sanders Oppose	X Presid	dent	Senate	State:DC
	Calendar Year-To-Date Per Election for Office Sought 23924.21	Disburseme 2016		Primary	/ General
	(a) SUBTOTAL of Itemized Independent Expenditures	· [8836.79
	(b) SUBTOTAL of Unitemized Independent Expenditures	· •			
	(c) TOTAL Independent Expenditures	•	-	1 1 7	
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Martha Kuhl [Electronically Filed] Date	M M /	25	/ Y Y Y 201	16
	Signature	ŲŽ.	20	20	

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				FO	R SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)	4 42			FEC IDEN	TIFICATIO	N NUMBER ▼
National Nurses United for Patient Prof	tection			C coo)490375	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / C	D D /	Y Y Y Y Y
Full Name of Payee			Date	of Public Dis	stribution/[Dissemination
California Nurses Association				02	24	2016
Mailing Address 155 Grand Avenue			Amou	nt		
City	State	Zip Code				100.00
Oakland	CA	94612		action ID: of Disburser		bligation
Purpose of Expenditure Online Ad		Category/ Type			25	2016
Name of Federal Candidate		Support	Office Sough	ıt: F	House [District: 00
BERNARD SANDERS		Oppose	X Preside		Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought	, , ,	2127.47	Disbursemer 2016	t For: X	Primary y) ▶	General
Full Name of Payee California Nurses Association				of Public Di	stribution/	Dissemination 2016
Mailing Address 155 Grand Avenue			Amou	int		
City	State	Zip Code				50.00
Oakland	CA	94612		action ID : Do		Obligation
Purpose of Expenditure Online Ad		Category/ Type		02	25	2016
Name of Federal Candidate		X Support	Office Sough	nt: H	House I	District: 00
BERNARD SANDERS		Oppose	X Presid	ent S	Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought	, , ,	2127.47	Disbursemer 2016	nt For: X	Primary fy) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditure	ires		· •	7		
(c) TOTAL Independent Expenditures			· •	7	-	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Martha Kuhl	[Electron	ically Filed] Date	9 02	25	2010	
Signature						

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outcaute Ly						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)	otion				FEC I	DENTIFICATI	ON NUMBER ▼
National Nurses United for Patient Protection					С	C00490375	
Check if 24-hour report 48-hour report	X New repor	rt Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y = Y
Full Name of Payee				Da	ate of Publ	ic Distribution	/Dissemination
Autumn Press					02	25	2016
Mailing Address 945 Camelia St				An	mount		
City St.	ate Z	Zip Code		$\dashv \lceil$			1397.08
	CA !	94710-1437	,			ID: D710470 oursement or 0	
Purpose of Expenditure Printing		Category/ Type			02	25	2016
Name of Federal Candidate		Xs	Support	Office So	ught:	House	District:00
BERNARD SANDERS			Oppose	X Pre	_	Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought		2127.47	$\neg \neg$	Disburser 2016		Primary	General
	,					pecify) -	
Full Name of Payee Autumn Press				Da	M = M	/ D D /	n/Dissemination
Mailing Address 945 Camelia St				Ar	02 mount	25	2016
City	tate 2	Zip Code		- $ $ $ $ $ $ $ $			530.39
1 · ·		94710-1437	7			ID: D710471 oursement or	Obligation
Purpose of Expenditure Printing		Category/ Type			02 M	25	2016
Name of Federal Candidate		X	Support	Office So	ought:	House	District:00
BERNARD SANDERS			Oppose			Senate	State: SC
Calendar Year-To-Date Per Election for Office Sought		2127.47		Disburser 2016	ment For:	Primary specify) ▶	y General
(a) SUBTOTAL of Itemized Independent Expenditures				•		7	1927.47
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures				· [7	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized						
Martha Kuhl	[Electronic	ally Filed1	Date	M M M	/ 25	20	16
Signature		_			<u> </u>		ــــــــــــــــــــــــــــــــــــــ
			4		1	ų.	

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				FOR SI	E OF FORM 24/48
	PF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
เทสแด	nal Nurses United for Patient Protection			C C004903	375
Check if	24-hour report 48-hour report New rep	port Amends repor	t filed on		/ Y = Y = Y = Y
	Name of Payee		Date of	of Public Distribu	ution/Dissemination
	llifornia Nurses Association			02 / 23	2016
Maili	ng Address 155 Grand Avenue		Amour	nt	
City	State	Zip Code	-		100.00
	cland CA	94612		saction ID : D710 of Disbursement)477
	ose of Expenditure ine Ad	Category/ Type		02 25	
Nam	e of Federal Candidate	X Support	Office Sough	nt: House	e District: 00
Berr	nie Sanders	Oppose	Preside		e State: DC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement		mary General
\vdash			Ot	Other (specify)	
	Name of Payee tumn Press			M = M / D = D	ution/Dissemination
Maili	ing Address 945 Camelia St		Amou	02 26 unt	2016
City	State	Zip Code	-		14692.42
	keley CA	94710-1437		action ID : D7104 of Disbursement	180
	oose of Expenditure hting	Category/ Type		02 / 25	
Nam	ne of Federal Candidate	X Support	Office Sough	nt: House	e District: 00
Berr	nie Sanders	Oppose	X Preside		
	Calendar Year-To-Date Per Election for Office Sought	23924.21	Disbursemen 2016 O	nt For: X Pri	mary General
(a) SI	UBTOTAL of Itemized Independent Expenditures		· [-	14792.42
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) T(OTAL Independent Expenditures		· [7
with, o	penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.				
	Martha Kuhl [Electron	nically Filed] Date	M M /	25 / Y	2016
Sig	gnature	Date	<u> </u>	ـا لـــّــا	
					<u> </u>

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National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼		include Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
The California Nurses Association State	IN	ational Nurses United for Patient Protection	C C00490375
California Nurses Association Mailing Address 155 Grand Avenue City State Zip Code 250.00 Purpose of Expenditure Online Ad Type	Che	eck if X 24-hour report 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y Y
Mailing Address 155 Grand Avenue City State Zip Code Obliand CA 94612 Purpose of Expenditure Obligation Bernie Sanders Scanders Scander Scanders Scander Scanders Scander Scande	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Oakland CA 94612 Transaction D: D710482 Date of Disbursement or Obligation Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Purpose of Expenditure City State Zip Code Disbursement For: X Primary General Purpose of Expenditure City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Date of Disbursement or Obligation Date of Disbursement For: X Primary General City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Oblig			
Oakland CA 94612 Transaction ID: D710482 Date of Disbursement or Obligation Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Purpose of Expenditure Oiling Address City State Zip Code Name of Federal Candidate Purpose of Expenditure Name of Payee Date of Disbursement or Obligation Transaction ID: D710482 Date of Disbursement or Obligation Disbursement For: Primary General Amount City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation The Date of Disb		Mailing Address 155 Grand Avenue	Amount
Oakland CA 94612 Transaction ID: D710482 Date of Disbursement or Obligation Name of Federal Candidate Bernie Sanders Calendar Year-To-Date Purpose of Expenditure Oiling Address City State Zip Code Name of Federal Candidate Purpose of Expenditure Name of Payee Date of Disbursement or Obligation Transaction ID: D710482 Date of Disbursement or Obligation Disbursement For: Primary General Amount City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation The Date of Disb	ŀ	City State Zip Code	250.00
Purpose of Expenditure Online Ad Name of Federal Candidate Bernie Sanders Qopose Q			Transaction ID : D710482
Bernie Sanders Oppose Opp		Online Ad	M = M / D = D / Y = Y = Y
Dernie Sanders	ľ	Name of Federal Candidate Support Offic	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination		Damie Condere	
Full Name of Payee Date of Public Distribution/Dissemination RT D D V V V V		20.40	
Mailing Address Amount	ŀ	Fill Name of Days	
City State Zip Code Purpose of Expenditure		Full Name of Payee	
Purpose of Expenditure Category/ Type		Mailing Address	Amount
Purpose of Expenditure Category/ Type		City State Zip Code	
Purpose of Expenditure Category/ Type			Date of Disbursement or Obligation
Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Calegory/	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate	e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Itemized Independent Expenditures	ŀ		
(b) SUBTOTAL of Unitemized Independent Expenditures		Caloridar Toda To Bato	
(c) TOTAL Independent Expenditures	((a) SUBTOTAL of Itemized Independent Expenditures	250.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl	((b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl	((c) TOTAL Independent Expenditures	29015.31
[Electronically Filed] Date 02 25 2016	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
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		Bato	

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